

Recipient Committee
Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM 460

Page 1 of 12

For Official Use Only

Statement covers period
from JULY 1, 2000
through SEPTEMBER 30, 2000

Date of election if applicable:
(Month, Day, Year) NOVEMBER 7, 2000

RECEIVED
OCT-5 PM 2:08
CITY CLERK
CITY OF LODI

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5.)
- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6.)
- ☐ General Purpose Committee
- ☐ Sponsored
☐ Broad Based

2. Type of Statement:

- ☒ Pre-election Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
942177

COMMITTEE NAME

COMMITTEE TO ELECT KEITH LAND

STREET ADDRESS (NO P.O. BOX)

2584 FRONTIER LANE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95242	(209) 368-6708

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

POST OFFICE BOX 1446

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95241	(209) 368-6708

OPTIONAL: FAX/E-MAIL ADDRESS

LAND@LODINET.COM

Treasurer(s)

NAME OF TREASURER

DAVID L DUNCAN, CPA

MAILING ADDRESS

1820 WEST KETTLEMAN LANE, SUITE A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95242	(209) 339-0100

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH LAND

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2584 FRONTIER LANE LODI CA 95242

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCTOBER 5, 2000

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on OCTOBER 5, 2000

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>12</u> I.D. NUMBER <u>942177</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 9,174.50	\$ 500.00	\$ 9,674.50
2. Loans Received Schedule B, Line 7	0	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 9,174.50	\$ 500.00	\$ 9,674.50
4. Nonmonetary Contributions Schedule C, Line 3	500.00	0	500.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 9,674.50	\$ 500.00	\$ 10,174.50

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 7,133.29	\$ 22.00	\$ 7,155.29
7. Loans Made Schedule H, Line 7	0	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 7,133.29	\$ 22.00	\$ 7,155.29
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	1,251.00	0	1,251.00
10. Nonmonetary Adjustment Schedule C, Line 3	0	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 8,384.29	\$ 22.00	\$ 8,406.29

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 478.00
13. Cash Receipts Column A, Line 3 above	9,174.50
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	7,133.29
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,519.21

If this is a termination statement, Line 16 must be zero.

*From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 0

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	
21. Expenditures Made	\$	

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from JULY 1, 2000
through SEPTEMBER 30, 2000

SCHEDULE
CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8-21-00	DONALD & CAROL FRASER 509 APPLEWOOD DRIVE LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BANKING F & M BANK	100.00		
8-23-00	LES CALKINS 19825 NORTH HIGHWAY 99 ACAMPO, CALIFORNIA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	100.00		
8-23-00	TOKAY RECYCLING CENTER 60 SOUTH CLUFF AVENUE LODI, CALIFORNIA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
8-24-00	HERUM CRABTREE BROWN DYER ZOLEZZI & TERPSTRA INC 2291 WEST MARCH LANE STE B100 STOCKTON, CALIFORNIA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		150.00		
8-29-00	JIM & ANNETTE MURDACA 1135 RIVERGATE DRIVE LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RESTAURANT OWNER PIETRO'S	1,000.00		
SUBTOTAL \$ 1,450.00						

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$1,450.00 + \$700.00 + \$1,000.00 + \$1,800.00 \$ 4,950.00
- Amount received this period – unitemized contributions of less than \$100 \$ 4,224.50
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 9,174.50**

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
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NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8-31-00	HARRY & PHYLLIS SCHUMACHER 1165 GREEN OAKS WAY LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BANKER RETIRED	100.00		
9-05-00	PHILIP & DEBRA LENSER 11 RAMBLEWOOD WAY WOODBIDGE, CALIFORNIA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	STOCK BROKER EDWARD D JONES	100.00		
9-05-00	RALPH A BURLINGTON 555 RIVERSIDE DRIVE WOODBIDGE, CALIFORNIA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETAIL AG SUPPLIES RETIRED	100.00		
9-05-00	SUZANNE C CLAY 2424 COCHRAN ROAD #2 LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	EXECUTIVE DIRECTOR LODI HOUSE	100.00		
9-06-00	STAN & JOANN SOGSTI 931 EUCALYPTUS COURT LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	SALES MANAGER ALLSTATE	100.00		
9-07-00	PATRICK & SANDRA STOCKAR P.O. BOX 673 VICTOR, CALIFORNIA 95253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	FARMER / RANCHER	200.00		
SUBTOTAL \$				700.00		

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 OTH - Other

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
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NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-07-00	STEWART C ADAMS JR 816 EVERT COURT LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	ATTORNEY ADAMS EDWARDS & WELCH	100.00		
9-08-00	ROBERT MONDAVI CORPORATION POST OFFICE BOX 1260 WOODBIDGE, CALIFORNIA 95258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
9-11-00	ROEK CONSTRUCTION POST OFFICE BOX 30038 STOCKTON, CALIFORNIA 95213	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
9-11-00	OLE R METTLER 17900 NORTH CHERRY ROAD LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BANKER F & M BANK	100.00		
9-12-00	JAMES W BAUM 3380 EAST WOODBRIDGE ROAD ACAMPO, CALIFORNIA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	MOBILEHOME PARK OWNER ALMOND DRIVE ESTATES	500.00		
9-12-00	JOSEPH & MARILYN MAJERNIK 1416 IRIS DRIVE NO. 5 LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	100.00		

SUBTOTAL \$1,000.00

***Contributor Codes**

IND - Individual
 COM - Recipient Committee
 OTH - Other

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>12</u>
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NAME OF FILER COMMITTEE TO ELECT KEITH LAND	I.D. NUMBER 942177
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-12-00	KEN & LISA SMITH 4948 MOSHER DRIVE STOCKTON, CALIFORNIA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BANKER F & M BANK	100.00		
9-15-00	LODI FIREFIGHTERS POST OFFICE BOX 1841 LODI, CALIFORNIA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1,000.00		
9-21-00	TOUCH OF MESQUITE 440 EAST KETTLEMAN LANE LODI, CALIFORNIA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00		
9-22-00	GOOD EARTH FARMS LLC POST OFFICE BOX 2696 LODI, CALIFORNIA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00		
9-25-00	NAOMI McCALLUM CAREY 402 WEST OAK STREET LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	100.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 1,800.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other

Schedule C
Nonmonetary Contributions Received

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from JULY 1, 2000
through SEPTEMBER 30, 2000

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

942177

COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-30-00	SWINNEY KIEHN & DUNCAN, CPA'S 1820 WEST KETTLEMAN LANE STE A LODI, CALIFORNIA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	CERTIFIED PUBLIC ACCOUNTANTS	CLERICAL SERVICES	500.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 500.00

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 500.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 500.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. POSTMASTER 120 SOUTH SCHOOL STREET LODI, CALIFORNIA 95241	POS		330.00
LODI PRINTING COMPANY 2 LOUIE AVENUE LODI, CALIFORNIA 95240	OFC		3,271.29
LODI NEWS SENTINEL 125 NORTH CHURCH STREET LODI, CALIFORNIA 95240	PRT		400.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4,001.29

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$4,001.29 + \$2,700.00 + \$420.00	\$ 7,121.29
2. Unitemized payments made this period of under \$100		\$ 12.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)		\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	7,133.29

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TRAVIS CAFE & CATERING CO. 904 WEST LODI AVENUE LODI, CALIFORNIA 95240	MTG		200.00
VALLEY OUTDOOR AD 709 WEST KETTLEMAN LANE, SUITE A LODI, CALIFORNIA 95240		OUTDOOR BILLBOARDS	660.00
NON-PARTISAN COUNCIL INC 921 - 11TH STREET SUITE 600 SACRAMENTO, CALIFORNIA 95814	LIT		550.00
STRATEGIC RESEARCH INC 3333 WEST COUNTRY CLUB BOULEVARD STOCKTON, CALIFORNIA 95204	CNS		490.00
WORLD ACCESS DESIGNS 1209 WEST TOKAY STREET SUITE 11 LODI, CALIFORNIA 95240	WEB		800.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,700.00

FPPC Form 460 (8/99)

For Technical Assistance: 800-888-5888

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PORTRAITS BY TAMMY 318 WEST PINE STREET, SUITE A LODI, CALIFORNIA 95240		CAMPAIGN PICTURES	420.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 420.00

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

SCHEDULE F

Statement covers period from <u>JULY 1, 2000</u> through <u>SEPTEMBER 30, 2000</u>	CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
VALLEY OUTDOOR AD 709 WEST KETTLEMAN LANE, SUITE A LODI, CALIFORNIA 95240	OUTDOOR BILLBOARDS	0	1,911.00	660.00	1,251.00
SUBTOTALS \$		0 \$	1,911.00 \$	660.00 \$	1,251.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... INCURRED TOTALS \$ 1,911.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$ 660.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ 1,251.00
May be a negative number